

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION**

<b>IN RE:</b>	§	
	§	<b>CHAPTER 11</b>
	§	
<b>REMARKABLE HEALTHCARE OF CARROLLTON LP, ET AL.,<sup>1</sup></b>	§	<b>CASE NO. 24-40605</b>
	§	
	§	<b>(Jointly Administered)</b>
	§	
<b>DEBTORS.</b>	§	

**GLOBAL NOTES REGARDING THE DEBTORS' SCHEDULES  
OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

---

On March 20, 2024 (the "Petition Date"), the Debtors each filed voluntary petitions for relief under subchapter V of chapter 11 of Bankruptcy Code (the "Cases"). The Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession, pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The Cases have been consolidated for procedural purposes only and are jointly administered under case number 24-40605.

The Schedules of Assets and Liabilities (the "Schedules") and Statements of Financial Affairs (the "Statements") were prepared by management of the Debtors. The Schedules of Assets were prepared with unaudited information available as of December 31, 2023 unless indicated otherwise. The Schedules of Liabilities were prepared with unaudited information available as of the Petition Date.

These *Global Notes Regarding the Debtors' Schedules and Statements of Financial Affairs* (the "Global Notes") are incorporated by reference in each Debtor's respective Schedules and Statements and should be referred to and considered in connection with any review of the Schedules and Statements.

In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of such preparation. The Debtors, and their agents, attorneys, and advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein, and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While reasonable efforts have been made to provide accurate and complete

---

<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: Remarkable Healthcare of Carrollton, LP (5960), Remarkable Healthcare of Dallas, LP (3418), Remarkable Healthcare of Fort Worth (1692), Remarkable Healthcare of Seguin, LP (4566), and Remarkable Healthcare, LLC (5142).

information herein, inadvertent errors or omissions may exist. The Debtors reserve their rights to amend and supplement the Schedules and Statements as may be necessary or appropriate.

Laurie Beth McPike has signed each set of the Schedules and Statements. Mrs. McPike serves as the Chief Executive Officer (“CEO”) of the Debtors, and she is an authorized signatory for each of the Debtors in these Cases. In reviewing and signing the Schedules and Statements, Mrs. McPike has necessarily relied upon the efforts, statements, advice, and representations of the Debtors and their advisors. Mrs. McPike has not (and could not have) personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

### **Global Notes and Overview of Methodology**

#### **I. Methodology.**

- (a) **Basis of Presentation.** The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”) nor are they intended to be fully reconciled to the financial statements of each Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtors’ reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.
- (b) **Undetermined Amounts.** The description of an amount as “unknown,” “TBD,” or “undetermined” is not intended to reflect upon the materiality of such amount.
- (c) **Unliquidated Amounts.** Amounts that could not be fairly quantified by the Debtors are scheduled as “unliquidated.”
- (d) **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different from the listed total.
- (e) **Paid Claims.** The Debtors have the authority to pay certain outstanding prepetition payables pursuant to various orders entered by the Court. The Debtors scheduled such amounts as of the Petition Date and noted such amounts contingent. To the extent the Debtors later pay any amount of the claims listed in the Schedules and Statements pursuant to any orders entered by the Court, the Debtors reserve all rights to amend or supplement the Schedules and Statements or to take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payments for liabilities. Nothing contained herein should be deemed to alter the rights of any party in interest to contest a payment made pursuant to an order of the Court where such order preserves the right to contest.
- (f) **Intercompany Transfers.** – Given the significant volume and ordinary course nature of the intercompany transactions, the Debtors have not listed all intercompany transfers and transactions. Moreover, the Debtors’ intercompany transactions—intercompany receivables and payables—are just an accounting

function that ultimately gets netted out to zero. The Debtors are still reconciling amounts and will amend the Schedules and Statements accordingly. Nevertheless, the listing in the Schedules or Statements (including, without limitation, Schedule A/B or Schedule E/F) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in the Debtors' books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or otherwise by the Bankruptcy Court and does not include any claim of one Debtor against any other Debtor for contribution, indemnification or reimbursement. The Debtors reserve all rights with respect to such obligations.

## II. Specific Schedules Disclosures.

- (g) **Schedule A/B, Part 3 – Accounts receivables.** For book purposes, accounts receivable are stated at net realizable value. The fees charged by each Debtor to patients in its facilities are recorded on an accrual basis. These fees are based on the actual amount expected to be collected and are contractually adjusted with respect to individuals receiving benefits under federal and state-funded programs and other third party payors. Additionally, the allowance for doubtful accounts is estimated based on the aging of accounts receivable, historical collections data, review of specific accounts and other factors.
- (h) **Schedule A/B, Part 7, No. 38 – Office furniture, fixtures, and equipment; and collectibles.** The Debtors list the value of office furniture, fixtures, and equipment at net book value as of the Petition Date. Certain assets are fully depreciated.
- (i) **Schedule A/B, Part 8 – Machinery, equipment, and vehicles.** The Debtors lease some equipment including, but not limited to dishwashers, beds, and various medical equipment at certain Facilities from different companies. The leases have various expiration dates and monthly payment amounts, and are not owned by the Debtors. The Debtors also own certain trucks and trailers used in the day to day operations of the business. Certain assets are fully depreciated. Value of assets are shown at net book value as of the Petition Date.
- (j) **Schedule A/B, Part 9 – Real Property.** The Debtors lease all of their real properties and, as such, the properties' value have been marked as undetermined and it has no value for the Debtors.
- (k) **Schedule D – Creditors Who Have Claims Secured by Property.** The Debtors have made reasonable efforts to report secured claims against the Debtors on Schedule D based on the Debtors' books and records as of the Petition Date. The approximately \$2.4 million listed as secured debt applies in total to all of the Debtors.

Except as specifically stated herein, lessors of real property and equipment, utility companies, and any other parties which may hold security deposits or other security

interests, have not been listed on Schedule D. The Debtors have also not listed on Schedule D any parties whose claims may be secured through rights of setoff, deposits, or advance payments.

(l) **Schedule E/F – Creditors Who Have Unsecured Claims.**

In the ordinary course of business, the Debtors generally receive invoices for goods and services after the delivery of such goods or services. As of the filing of the Schedules and Statements, the Debtors may not have received all invoices for payables, expenses, or liabilities that may have accrued before the Petition Date.

**Part 2 - Creditors with Nonpriority Unsecured Claims.** The Debtors have used reasonable efforts to report all general unsecured claims against the Debtors in Schedule E/F, Part 2, based upon the Debtors' books and records as of the Petition Date. The Debtors made a reasonable attempt to set forth their unsecured obligations, although the actual amount of claims against the Debtors may vary from those liabilities represented on Schedule E/F, Part 2. The listed liabilities, which have been listed on a gross accounts payable basis, may not reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims. Moreover, creditors that are listed as unliquidated are so listed because the Schedules show the amount known to the Debtors at the Petition Date, but the Debtors are still in the process of logging invoices as they are received.

Pursuant to the *Interim* [Dkt. No. 37], and *Final Order Authorizing the Payment of (I) Certain Prepetition Workforce Claims, including wages, salaries, and other compensation, (II) Certain Employee Benefits and Confirming the Right to Continue Employee Benefits on Postpetition Basis, (III) Reimbursement to Employees for Prepetition Expenses, (IV) Withholding and Payroll Related Taxes, (V) Worker's Compensation Obligations, and (VI) Prepetition Claims Owing to Administrators and Third Party Providers* [Dkt. No. 58] (together the "Wages Orders"), the Bankruptcy Court granted the Debtors authority to pay or honor certain prepetition obligations for wages, salaries, and other compensation, and employee medical and similar benefits. The Debtors have not listed on Schedule E/F any wage or wage-related obligations that the Debtors were granted authority to pay pursuant to any order that has been entered by the Bankruptcy Court, including the Wages Orders.

- (m) **Schedule G – Executory Contracts and Unexpired Leases.** The Debtors hereby reserve all rights to dispute the validity, status, or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement Schedule G as necessary. Additionally, the placing of a contract or lease onto Schedule G shall not be deemed an admission that such contract is an executory contract or unexpired lease, or that it is necessarily a binding, valid, and enforceable contract. Any and all of the Debtors' rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved. In addition, the Debtors are continuing their review of all relevant documents and expressly reserve their right to amend all Schedules at a later time

as necessary and/or to challenge the classification of any agreement as an executory contract or unexpired lease in any appropriate filing.

The names of employees and home addresses have been redacted for privacy purposes.

Certain information, such as the contact information of the counterparty, may not be included where such information could not be obtained using the Debtors' reasonable efforts.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contract or agreement is not impaired by the omission. Certain Debtors are guarantors and parties to guaranty agreements regarding the Debtors' prepetition credit facility. The guaranty obligations arising under these agreements are reflected on Schedules D and F only.

### III. Specific Statements Disclosures.

- (n) **Statements, Part 2, Question 4 – Payments and Transfers to Certain Insiders within 1 year before the filing.** The Debtors reported payments to non-officer insiders within the year prior to the Petition Date. Please see response to Question 30 for officer payments and distributions within the year prior to the Petition Date. The Debtors reserve all rights with respect to the determination or status of a person as an “insider” as defined in section 101(13) of the Bankruptcy Code.
- (o) **Statements, Part 13, Questions 28 and 29 – Current and Former Officers and Directors.** While the Debtors have made reasonable best efforts to list all applicable officers and directors for each Debtor in response to Statement Questions 28 and 29, some may have been omitted. Disclosures relate specifically to terminated job titles or positions and are not indicative of the individuals' current employment status with the Debtors.
- (p) **Statement, Part 13, Question 26d –** The Debtors are currently marketing for potential lenders and the list is extensive; therefore, the Debtors have not listed all potential lenders here, but have listed those that are most relevant. Nevertheless, for additional information on potential lenders, please contact Debtors' counsel.
- (q) **Statements, Part 13, Question 31 -** The Debtors are treated as independent entities that file taxes separately.

\* \* \* \* \*

END OF GLOBAL NOTES

Debtor Name **Remarkable Healthcare of Carrollton, LP**  
**United States Bankruptcy Court for the Eastern District of Texas**  
Case number (if known): **24-40605**

☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets - Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$2,559,240.12

**1c. Total of all property:**

Copyline 92 from *Schedule A/B*..... \$2,559,240.12

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$2,400,000.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from the line 5a of *Schedule E/F*..... \$0.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$1,175,787.62

**4. Total liabilities** .....

Lines 2 + 3a + 3b \$3,575,787.62

Debtor Name **Remarkable Healthcare of Carrollton, LP**  
**United States Bankruptcy Court for the Eastern District of Texas**  
Case number (if known): **24-40605**

☐ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be complete and accurate as possible. If more space is needed, attach a separate spreadsheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1 Regions Bank	Checking	*4053	\$538.86
3.2 Regions Bank	Checking	*8009	\$18,837.08
3.3 Regions Bank	Checking	*5998	\$28,171.02
3.4 Regions Bank	Checking	*6161	\$7,358.67

Bank Balances as of March 29, 2024

**4. Other cash equivalents****5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$54,905.63****Part 2: Deposits and prepayments**

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of  
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts Receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of  
debtor's interest

11. Accounts receivable

11a. 90 days old or less:	\$1,195,615.94	-	\$0.00	=	\$1,195,615.94
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	\$669,511.56	-	\$23,432.90	=	\$646,078.66
	face amount		doubtful or uncollectible accounts		

A/R Balances as of March 1, 2024

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$1,841,694.60**

Part 4: Investments



Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used for current value	Current value of debtor's interest
--	---------------------------------------

14. Mutual funds of publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:	% of ownership:
-----------------	-----------------

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

**Part 5:** Inventory, excluding agricultural assets

18. Does the debtor own any inventory (excluding agricultural assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
---------------------	--	--	--	---------------------------------------

19. Raw Materials

20. Work in progress

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

22.1 Medicines, foods, etc.	\$15,000.00	Net Book Value	\$15,000.00
-----------------------------	-------------	----------------	-------------

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**\$15,000.00**

24. **Is any of the property listed in Part 5 perishable?**

☐ No.

☒ Yes.

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No.

☐ Yes. Book Value \$ \_\_\_\_\_ Valuation Method \_\_\_\_\_ Current Value \$ \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No.

☐ Yes.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops - either planted or harvested</b>			

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

**29. Farm animals**

Examples: Livestock, poultry, farm-raised fish

**30. Farm machinery and equipment**

(Other than titled motor vehicles)

**31. Farm and fishing supplies, chemicals, and feed**

**32. Other farming and fishing-related property not already listed in Part 6**

**33. Total of Part 6**

Add lines 28 through 32. Copy the total to line 85.

**34. Is the debtor a member of an agricultural cooperative?**

☐ No.

☐ Yes.

**Is any of the debtor's property stored at the cooperative?**

☐ No.

☐ Yes.

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

☐ No.

☐ Yes. Book Value \$ \_\_\_\_\_ Valuation Method \_\_\_\_\_ Current Value \$ \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

- ☐ No.  
☐ Yes.

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No.  
☐ Yes.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

	General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b>			
39.1	Office Furniture	\$197,399.54	Net Book Value	\$197,399.54
40.	<b>Office fixtures</b>			
40.1	Office Fixtures	\$1,125.54	Net Book Value	\$1,125.54
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b>			
41.1	Office and Computer Equipment	\$6,609.69	Net Book Value	\$6,609.69
42.	<b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	<b>Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			<b>\$205,134.77</b>

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No.  
☒ Yes.

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No.  
☐ Yes.

**Part 8:** Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

	General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
50.1	Crash carts and various medical equipment	\$57,020.34	Net Book Value	\$57,020.34
51.	Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$57,020.34

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No.  
☒ Yes.

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No.  
☐ Yes.

**Part 9:** Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

	Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
55.1	Prestonwood Facility 4501 Plano Parkway Carrollton, TX 75010	Lease	Undetermined	N/A	Undetermined

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No.  
☐ Yes.

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No.

☐ Yes.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, or trade secrets</b>			
60.1 Copyrights, trademarks, trade secrets	Undetermined	N/A	Undetermined
<b>61. Internet domain names and websites</b>			
61.1 www.remarkablehealthcare.net	Undetermined	Net Book Value	Undetermined
<b>62. Licenses, franchises, and royalties</b>			
<b>63. Customer lists, mailing lists, or other compilations</b>			
<b>64. Other intangibles, or intellectual property</b>			
64.1 Systems, policies, procedures, patient care programs, other proprietary property	Undetermined	Net Book Value	Undetermined
<b>65. Goodwill</b>			

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

66. **Total of Part 10.**  
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers?**

- ☒ No.
- ☐ Yes.

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- ☒ No.
- ☐ Yes.

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- ☒ No.
- ☐ Yes.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**  
Description (include name of obligor)

	-	=
Total face amount	Doubtful or uncollectible amount	

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)



Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

**73. Interests in insurance policies or annuities**

73.1	See attached Exhibit AB73	\$385,484.78
------	---------------------------	--------------

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

Undetermined

**Nature of claim** Breach of contract, tort and equitable theories against Alleon Capital

**Amount Requested** Undetermined

Undetermined

**Nature of claim** Potential malpractice claim against Carrington, Coleman, Sloman & Blum

**Amount Requested** Undetermined

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

**Nature of claim**

**Amount Requested**

**76. Trusts, equitable or future interests in property**

**77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

**78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$385,484.78**

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No.

☐ Yes.

Debtor Remarkable Healthcare of Carrollton, LP

Case Number (if known) 24-40605

**Part 12: Summary**

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$54,905.63	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>		
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$1,841,694.60	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>		
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$15,000.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>		
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$205,134.77	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$57,020.34	
88. <b>Real Property.</b> <i>Copy line 56, Part 9.</i>		
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>		
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	\$385,484.78	
91. <b>Total.</b> Add lines 80 through 90 for each column.	91a.	91b.
	\$2,559,240.12	\$0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92.....		\$2,559,240.12

## **SCHEDULES OF ASSETS AND LIABILITIES**

### **EXHIBIT FOR SCHEDULE AB**

#### **PART 11, QUESTION 73**

#### **INTERESTS IN INSURANCE POLICIES OR ANNUITIES**

Remarkable Healthcare of Carrollton, LP

Case No. 24-40605

Schedule AB 73. Interests in insurance policies or annuities

Insurance Carrier	Policy Term	Policy Number	Current Value of Debtor's Interest
Arch Specialty Insurance Company	5/12/2023-5/12/2024	ESP1045915-00	\$ 100,203.38
Axis Surplus Insurance Company	5/12/2023-5/12/2024	EAF667038-23	\$ 52,987.13
Great American Fidelity Insurance Company	5/12/2023-5/12/2024	CPP E991431 00	\$ 85,776.19
Hudson Excess Insurance Company	4/1/2024-4/1/2025	HFF1001382406	\$ 63,741.94
James River Insurance Company	5/12/2023-5/12/2024	00143804-0	\$ 27,018.19
Kinsale Insurance Company	5/12/2023-5/12/2024	0100240868-0	\$ 37,143.45
Navigators Specialty Insurance	5/12/2023-5/12/2024	GA23HABZ0E7KCIC	\$ 18,614.50
<b>Total</b>			<b>\$ 385,484.78</b>

Case 24-40605 Doc 75 Filed 04/16/24 Entered 04/16/24 23:59:33  
Debtor Name Remarkable Healthcare of Carrollton, LP Document Page 21 of 48  
United States Bankruptcy Court for the Eastern District of Texas  
Case number (if known): 24-40605

Desc Main

☐ Check if this is an amended filing

Official Form 206D

Schedule D - Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Amount of Claim  
Do not deduct the value of collateral  
Value of collateral that supports this claim

2.1	<b>Creditor's name</b> ALLEON CAPITAL PARTNERS	<b>Describe debtor's property that is subject to a lien</b> All Borrower's present and future Accounts, Chattel Paper, Goods (including Inventory and Equipment), Instruments, Investment Property, Documents, and General Intangibles, Letter of Credit Rights, Commercial Tort Claims, Deposit Accounts, the Billing Reserve Cash Collateral, and the proceeds thereof.	\$2,400,000.00	\$7,799,061.90
	<b>Creditor's mailing address</b> 1086 TEANECK RD, STE 4D TEANECK, NJ 07666			
	<b>Creditor's email address, if known</b>	<b>Describe the lien</b> Certain Loan and Security Agreement		
	<b>Date debt was incurred</b> 6/7/2019	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Last four digits of account number</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,400,000.00

Case 24-40605 Doc 75 Filed 04/16/24 Entered 04/16/24 23:59:33  
Debtor Name Remarkable Healthcare of Carrollton, LP  
United States Bankruptcy Court for the Eastern District of Texas  
Case number (if known): 24-40605

Desc Main

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F - Creditors Who Have Claims Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims?

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<b>Priority creditor's name and mailing address</b> EMPLOYEES  <b>Date or dates debt was incurred</b> 10/30/2023  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 4 )	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGES, SALARIES, COMMISSIONS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN  UNKNOWN
2.2	<b>Priority creditor's name and mailing address</b> INTERNAL REVENUE SERVICE C/O CENTRALIZED INSOLVENCY OPERATION P.O. BOX 7346 PHILADELPHIA, PA 19101-7346  <b>Date or dates debt was incurred</b> 2023  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( 8 )	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TAXES AND OTHER GOVERNMENTAL UNITS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN  UNKNOWN

Debtor Name

Remarkable Healthcare of Carrollton, LP

Page 23 of 48

Case number (if known): 24-40605

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> A-1 GREASE SERVICES, INC MELANIE OR UMBERTO P.O. BOX 2097 RED OAK, TX 75154-1571	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$1,190.75</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> AASHKA MEDICAL GROUP 4001 ST JOHNS CIR CARROLLTON, TX 75010	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$36,000.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ACADIAN AMBULANCE P.O. BOX 92970 LAFAYETTE, LA 70509	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$1,862.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> ALL NEEDZ PLUMBING 2705 ST LOUIS AVE FT WORTH, TX 76110	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$20,799.09</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.5	<b>Nonpriority creditor's name and mailing address</b> ALLEGIANCE AMBULANCE P.O. BOX 4320 HOUSTON, TX 77210	<b>Document</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>Page 24 of 48</b> \$4,082.44
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	<b>Nonpriority creditor's name and mailing address</b> ATMOS ENERGY P.O. BOX 790311 ST LOUIS, MO 63179		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> UTILITY VENDOR	\$5,086.08
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	<b>Nonpriority creditor's name and mailing address</b> AUTO-CHLOR P.O. BOX 669126 DALLAS, TX 75266		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> FACILITY LAUNDRY/HOUSEKEEPING SUPPLIES	\$6,382.27
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	<b>Nonpriority creditor's name and mailing address</b> BERRETT PEST CONTROL 2474 MANANA DR, STE 123 DALLAS, TX 75220		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PEST CONTROL VENDOR	\$216.50
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



3.9

## Nonpriority creditor's name and mailing address

BIOMEDICAL WASTE SOLUTIONS  
P.O. BOX 1147  
PT NECHES, TX 77651

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,980.00

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

## Basis for the claim:

MEDICAL WASTE VENDOR

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.10

## Nonpriority creditor's name and mailing address

BIOSTAT  
4841 KELLER SPRINGS RD  
ADDISON, TX 75001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$3,481.37

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.11

## Nonpriority creditor's name and mailing address

BIOSTAT IMAGING, LLC  
4841 KELLER SPRINGS RD  
ADDISON, TX 75001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$2,875.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.12

## Nonpriority creditor's name and mailing address

CANTWELL POWER SOLUTIONS, LLC  
6413 MIDWAY RD  
HALTOM CITY, TX 76117

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$5,374.18

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.13	<b>Nonpriority creditor's name and mailing address</b> CARE ONE COMMUNICATIONS LLC P.O. BOX 153122 DALLAS, TX 75315	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> UTILITY VENDOR	<b>\$3,272.76</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	<b>Nonpriority creditor's name and mailing address</b> CARE TRIPS LLC 1616 GATEWAY BLVD, STE B RICHARDSON, TX 75080	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> RESIDENT TRANSPORTATION	<b>\$21,361.50</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	<b>Nonpriority creditor's name and mailing address</b> CARENOW (GA) P.O. BOX 743571 ATLANTA, GA 30374-3571	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$1,008.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	<b>Nonpriority creditor's name and mailing address</b> CARRINGTON COLEMAN 901 MAIN ST, STE 5500 DALLAS, TX 75202	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LEGAL SERVICES	<b>\$4,496.80</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b> CITY OF CARROLLTON P.O. BOX 115120 CARROLLTON, TX 75011	<b>Document</b>	<b>Page 27 of 48</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> UTILITIES	<b>\$3,995.22</b>
<b>Date or dates debt was incurred</b>					
<b>Last 4 digits of account number</b>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b> COMPLETE BACKFLOW SERVICES COMPANY, LLC			<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$1,050.00</b>
<b>Date or dates debt was incurred</b>					
<b>Last 4 digits of account number</b>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b> COMPLETE ERC 3348 DARVANY DR DALLAS, TX 75220			<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TAX SERVICES	<b>\$10,625.00</b>
<b>Date or dates debt was incurred</b>					
<b>Last 4 digits of account number</b>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b> COTTON COMMERCIAL USA, INC P.O. BOX 676549 DALLAS, TX 75267			<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> CONSTRUCTION SERVICES	<b>\$116,627.50</b>
<b>Date or dates debt was incurred</b>					
<b>Last 4 digits of account number</b>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

3.21

## Nonpriority creditor's name and mailing address

CROWN SHIELDS TRANSPORT, LLC  
11617 LAKE FRONT DR  
FRISCO, TX 75036

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$2,512.19

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

## Basis for the claim:

RESIDENT TRANSPORTATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.22

## Nonpriority creditor's name and mailing address

DALLAS LIFE SUPPORT SYSTEMS INC  
7440 WHITEHALL ST  
RICHLAND HILLS, TX 76118

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$4,822.15

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

OXYGEN VENDOR PROVIDER

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.23

## Nonpriority creditor's name and mailing address

DEARBORN NATIONAL  
36788 EAGLE WAY  
CHICAGO, IL 60678-1367

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$369.27

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.24

## Nonpriority creditor's name and mailing address

DIAGNOSTEX CONSULTANTS  
8913 MID CITIES BLVD, STE 100  
N RICHLAND HILLS, TX 76182

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$660.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.25

## Nonpriority creditor's name and mailing address

DIGITAL VERDICT, INC  
901 MAIN ST, STE 6540  
DALLAS, TX 75202

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$75.76

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.26

## Nonpriority creditor's name and mailing address

DIRECT ENERGY BUSINESS  
P.O. BOX 660749  
DALLAS, TX 75266

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$53,028.89

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

## Basis for the claim:

UTILITY VENDOR

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.27

## Nonpriority creditor's name and mailing address

ELITE DISCOVERY, INC  
400 N SAINT PAUL ST  
DALLAS, TX 75201-6881

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,477.05

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.28

## Nonpriority creditor's name and mailing address

EXPONENT TECHNOLOGIES, INC  
ATTN: ACCOUNTS RECEIVABLE  
4970 LANDMARK PL  
DALLAS, TX 75254

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$4,236.07

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

HR/PAYROLL VENDOR PROVIDER

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.29

## Nonpriority creditor's name and mailing address

FRONTIER  
P.O. BOX 740407  
CINCINNATI, OH 45274-0474

Date or dates debt was incurred

Last 4 digits of account number  
972-492-1641-081 0225

As of the petition filing date, the claim is:

\$263.94

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

UTILITY VENDOR

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.30

## Nonpriority creditor's name and mailing address

GORMAN MECHANICAL  
1624 SE PKWY  
AZLE, TX 76020

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$238.15

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.31

## Nonpriority creditor's name and mailing address

GRIFFIN PROPERTIES  
610 TOWSON AVE  
P.O. BOX 2207  
FORT SMITH, AR 72902

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$363,319.00

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

## Basis for the claim:

LONG TERM NOTES PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.32

## Nonpriority creditor's name and mailing address

INFINITY MECHANICAL SERVICES LLC  
702 ASCOT PARK DR  
MANSFIELD, TX 76063

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$525.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.33

## Nonpriority creditor's name and mailing address

JJJNEMT LLC  
1741 CROSS CREEK LN  
CLEBURNE, TX 76033

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,404.60

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

RESIDENT TRANSPORTATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.34

## Nonpriority creditor's name and mailing address

LAWN & LANDCARE  
515 N KEALY AVE  
LEWISVILLE, TX 75057

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$6,763.38

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.35

## Nonpriority creditor's name and mailing address

LOGOS CLINICAL LABORATORY, LLC

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$3,849.71

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.36

## Nonpriority creditor's name and mailing address

MANAGE MEDS, LLC  
29924 NETWORK PL  
CHICAGO, IL 60673-1299

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$588.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.37	<b>Nonpriority creditor's name and mailing address</b> MANAGEMENT & NETWORK SERVICES 6500 EMERALD PKWY, STE 310 DUBLIN, OH 43016	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$2,250.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	<b>Nonpriority creditor's name and mailing address</b> MARSHALL SHREDDING CO C/O ROB GREENFIELD P.O. BOX 91139 SAN ANTONIO, TX 78209-9096	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SHREDDING SERVICES VENDOR	<b>\$71.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	<b>Nonpriority creditor's name and mailing address</b> MAS VIDA HEALTH CARE SOLUTIONS 133 NURSERY LN FT WORTH, TX 76114	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	<b>\$1,032.27</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	<b>Nonpriority creditor's name and mailing address</b> MEDIXCAR LLC 7309 BIG BEND CT FT WORTH, TX 76137	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RESIDENT TRANSPORTATION	<b>\$8,995.00</b>
	<b>Date or dates debt was incurred</b>		
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



3.41	<b>Nonpriority creditor's name and mailing address</b> MEDLINE INDUSTRIES, INC DEPT 1080 P.O. BOX 121080 DALLAS, TX 75312	<b>Document</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MEDICAL SUPPLIES VENDOR	<b>Page 33 of 48</b> \$33,236.53
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42	<b>Nonpriority creditor's name and mailing address</b> MID-SOUTH FIRE SOLUTIONS, LLC 669 AERO DR SHREVEPORT, LA 71107		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$2,938.64
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.43	<b>Nonpriority creditor's name and mailing address</b> MIRANDA M WILLIAMS, LLC 7613 PROVIDENCE DR ROWLETT, TX 75089		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$6,050.00
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	<b>Nonpriority creditor's name and mailing address</b> NEIGHBORHOOD PORTABLE X-RAY		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> RADIOLOGY SERVICES VENDOR	\$170.00
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.45	<b>Nonpriority creditor's name and mailing address</b> NEW BENEFITS LTD P.O. BOX 803475 DALLAS, TX 75380-3475	<b>Document</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> EMPLOYEE BENEFITS	<b>Page 34 of 48</b> \$60.00
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.46	<b>Nonpriority creditor's name and mailing address</b> NEW SOURCE MEDICAL 9913 SHELBYVILLE RD, STE 203 LOUISVILLE, KY 40223		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MEDICAL RENTALS	\$88,657.11
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.47	<b>Nonpriority creditor's name and mailing address</b> NORTH TEXAS FIRE SYSTEMS, LLC P.O. BOX 880 SANGER, TX 76266		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> FIRE ALARM VENDOR	\$7,077.03
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	<b>Nonpriority creditor's name and mailing address</b> NUTRITIOUS LIFESTYLES, INC 918 LUCERNE TER ORLANDO, FL 32806		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> DIETICIAN SERVICES	\$1,525.76
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.49

## Nonpriority creditor's name and mailing address

PHARMACY UNLIMITED  
P.O. BOX 592602  
CARROLLTON, TX 75010

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$172,300.36

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

PHARMACY SERVICES

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.50

## Nonpriority creditor's name and mailing address

POINTCLICK CARE TECHNOLOGIES INC  
P.O. BOX 674802  
DETROIT, MI 48267

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$46,507.84

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

IT SERVICES

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.51

## Nonpriority creditor's name and mailing address

PRECISION PLUMBING DALLAS  
809 WOODBRIDGE PKWY, STE 500-265  
WYLIE, TX 75098

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$2,463.10

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.52

## Nonpriority creditor's name and mailing address

QUATRO TAX LLC  
3909 HULEN ST, STE 100  
FT WORTH, TX 76107

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$28,690.25

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TAX SERVICES

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.53

## Nonpriority creditor's name and mailing address

QUINTAIROS, PRIETO, WOOD & BOYER PA  
9300 S DADELAND BLVD, 4TH FL  
MIAMI, FL 33156

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$5,654.50

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

LIABILITY CLAIMS

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.54

## Nonpriority creditor's name and mailing address

RC PRACTITIONERS, PLLC  
4251 FM 2181, STE 230-196  
CORINTH, TX 76210

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$5,232.50

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.55

## Nonpriority creditor's name and mailing address

RINGCENTRAL

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$115.77

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

FAX LINES PROVIDER

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.56

## Nonpriority creditor's name and mailing address

SHREDAMERICA TEXAS LLC  
3831 FM 2181, STE 103  
CORINTH, TX 76210

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,487.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.57	<b>Nonpriority creditor's name and mailing address</b> SIMPLY WORK P.O. BOX 2172 NEENAH, WI 54957	<b>Document</b>	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TIME CLOCK VENDOR	<b>Page 37 of 48</b> \$2,793.75
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	<b>Nonpriority creditor's name and mailing address</b> SPECTRUM P.O. BOX 60074 CITY OF INDUSTRY, CA 91716-0074		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> UTILITY VENDOR	\$6,809.30
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b> 8260 13 009 210 0034		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	<b>Nonpriority creditor's name and mailing address</b> TAYLOR SUDDEN SERVICE, INC 5136 SUN VALLEY DR FT WORTH, TX 76119		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$4,821.20
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	<b>Nonpriority creditor's name and mailing address</b> TEXAS RADIOLOGY ASSOCIATES 1820 PRESTON PARK BLVD, STE 2400 PLANO, TX 75093		<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE PAYABLE	\$608.00
	<b>Date or dates debt was incurred</b>			
	<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.61

## Nonpriority creditor's name and mailing address

THE COPIER GUY  
P.O. BOX 542961  
DALLAS, TX 75354

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$405.93

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.62

## Nonpriority creditor's name and mailing address

THE PICC TEAM DFW  
4500 NORTHSIDE DR  
AMARILLO, TX 79108

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$18,460.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

IV SERVICES VENDOR

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.63

## Nonpriority creditor's name and mailing address

THREE D LAWN CARE LLC  
3681 AGNES CIR  
SPRINGTOWN, TX 76082

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$15,750.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

LAWN CARE SERVICES

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.64

## Nonpriority creditor's name and mailing address

TIME WARNER CABLE  
P.O. BOX 60074  
CITY OF INDUSTRY, CA 91716

Date or dates debt was incurred

Last 4 digits of account number  
8.26013100000982E+15

As of the petition filing date, the claim is:

\$38.13

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

UTILITY VENDOR

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.65

## Nonpriority creditor's name and mailing address

UNLIMITED AIR CONDITIONING & HEATING  
P.O. BOX 3711  
DALLAS, TX 75208

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$3,869.94

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.66

## Nonpriority creditor's name and mailing address

WC OF TEXAS  
P.O. BOX 742695  
CINCINNATI, OH 45274-2695

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$15.96

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

WASTE VENDOR

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.67

## Nonpriority creditor's name and mailing address

WELLS CONSULTING GROUP

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$4,500.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.68

## Nonpriority creditor's name and mailing address

WELLSKY CORP  
11300 SWITZER RD  
OVERLAND PARK, KS 66210

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$7,301.13

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Basis for the claim:

IT SERVICES

Is the claim subject to offset?

- ☒ No  
☐ Yes

Case 24-40605 Doc 75 Filed 04/16/24 Entered 04/16/24 23:59:33 Desc Main Document Page 40 of 48

Debtor Name Remarkable Healthcare of Carrollton, LP Case number (if known): 24-40605

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	---	---



Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1	<div><div></div><div>\$0.00</div></div>
5b. Total claims from Part 2	<div><div></div><div>\$1,175,787.62</div></div>
5c. Total claims of Parts 1 and 2 Lines 5a + 5b = 5c	<div><div></div><div>\$1,175,787.62</div></div>

Debtor Name **Remarkable Healthcare of Carrollton, LP** Document Page 42 of 48**United States Bankruptcy Court for the Eastern District of Texas**Case number (if known): **24-40605**☐ Check if this is an amended filingOfficial Form 206G**Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<b>UTILITY - GAS</b>	<b>ATMON ENERGY P.O. BOX 790311 ST LOUIS, MO 63179</b>
	State the term remaining List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR) - PEST CONTROL</b>	<b>BERRETT PEST CONTROL 2474 MANANA DR, STE 123 DALLAS, TX 75220</b>
	State the term remaining List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<b>UTILITY - TELEPHONE SERVICE</b>	<b>CARE ONE COMMUNICATIONS ATTN: FERNANDO MUNOZ P.O. BOX 153122 DALLAS, TX 75315</b>
	State the term remaining List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	<b>UTILITY - WATER/SEWER</b>	<b>CITY OF CARROLLTON P.O. BOX 115120 CARROLLTON, TX 75011</b>
	State the term remaining List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR)</b>	<b>CROWN SHIELDS TRANSPORT, LLC 11617 LAKE FRONT DR FRISCO TX 75036</b>
	State the term remaining List the contract number of any government contract		

**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR)</b>	<b>DALLAS LIFE SUPPORT SYSTEMS INC</b> 7440 WHITEHALL ST RICHLAND HILLS, TX 76118
	State the term remaining List the contract number of any government contract		
2.7	State what the contract or lease is for and the nature of the debtor's interest	<b>UTILITY - ELECTRIC</b>	<b>DIRECT ENERGY</b> P.O. BOX 660749 DALLAS, TX 75266
	State the term remaining List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	<b>UTILITY - FIRE ALARM LINE</b>	<b>FRONTIER COMMUNICATIONS</b> P.O. BOX 740407 CINCINNATI, OH 45274
	State the term remaining List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	<b>UTILITY - IT DATA CIRCUITS</b>	<b>KALIBER DATA SOLUTIONS</b> ATTN: LAURA COHEN 50 FRANKLIN ST, STE 3A BOSTON, MA 02210
	State the term remaining List the contract number of any government contract		
2.10	State what the contract or lease is for and the nature of the debtor's interest	<b>ASSIGNMENT AND ASSUMPTION OF LEASE AGREEMENT AND SECURITY AGREEMENT</b>	<b>KRS CARROLLTON, LLC</b> 11610 BEE CAVES RD, STE 220 AUSTIN, TX 78738-5457
	State the term remaining List the contract number of any government contract	11/17/2022	
2.11	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR)</b>	<b>MAS VIDA HEALTH CARE SOLUTIONS</b> 133 NURSERY LN FT WORTH, TX 76114
	State the term remaining List the contract number of any government contract		

**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.12	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR)</b>	<b>MEDLINE INDUSTRIES, INC DEPT 1080 P.O. BOX 121080 DALLAS, TX 75312</b>
	State the term remaining List the contract number of any government contract		
2.13	State what the contract or lease is for and the nature of the debtor's interest	<b>ASSIGNMENT AND ASSUMPTION OF LEASE AGREEMENT AND SECURITY AGREEMENT</b>	<b>MUSTANG NH, LLC P.O. BOX 2207 FT SMITH, AR 72902</b>
	State the term remaining List the contract number of any government contract	11/17/2022	
2.14	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASE AGREEMENT AND SECURITY AGREEMENT</b>	<b>MUSTANG NH, LLC P.O. BOX 2207 FT SMITH, AR 72902</b>
	State the term remaining List the contract number of any government contract	3/13/2013	
2.15	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR)</b>	<b>NEIGHBORHOOD XRAY 6901 K AVE, STE 109 PLANO, TX 75074</b>
	State the term remaining List the contract number of any government contract		
2.16	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR)</b>	<b>NEW SOURCE MEDICAL 9913 SHELBYVILLE RD, STE 203 LOUISVILLE, KY 40223</b>
	State the term remaining List the contract number of any government contract		
2.17	State what the contract or lease is for and the nature of the debtor's interest	<b>EXECUTORY CONTRACT (VENDOR) - FIRE ALARM</b>	<b>NORTH TEXAS FIRE SYSTEMS, LLC P.O. BOX 880 SANGER, TX 76266</b>
	State the term remaining List the contract number of any government contract		

**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.18	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACT (VENDOR)	NUTRITIOUS LIFESTYLES, INC 918 LUCERNE TER ORLANDO, FL 32806
	State the term remaining List the contract number of any government contract		
2.19	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACT (VENDOR)	PERFORMANCE FOODSERVICE 524 W 61ST ST SHREVEPORT, LA 71106
	State the term remaining List the contract number of any government contract		
2.20	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACT (VENDOR)	PHARMACY UNLIMITED P.O. BOX 592602 SAN ANTONIO, TX 78259
	State the term remaining List the contract number of any government contract		
2.21	State what the contract or lease is for and the nature of the debtor's interest	UTILITY - CONTRACT SERVICES - IT	POINTCLICK CARE ATTN: TRENT KOWALUK P.O. BOX 674802 DETROIT, MI 48267
	State the term remaining List the contract number of any government contract		
2.22	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACT (VENDOR)	SMARTLABS 7920 BELTLINE RD, STE 200 DALLAS, TX 75254
	State the term remaining List the contract number of any government contract		
2.23	State what the contract or lease is for and the nature of the debtor's interest	UTILITY - CABLE TV	SPECTRUM P.O. BOX 94188 PALATINE, IL 60094-4188
	State the term remaining List the contract number of any government contract		

**Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.24	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACT (VENDOR)	THE PICC TEAM DFW 4500 NORTHSIDE DR AMARILLO, TX 79108
	State the term remaining List the contract number of any government contract		
2.25	State what the contract or lease is for and the nature of the debtor's interest	UTILITY - WASTE DISPOSAL	WASTE CONNECTIONS P.O. BOX 742695 CINCINNATI, OH 45274-2695
	State the term remaining List the contract number of any government contract		
2.26	State what the contract or lease is for and the nature of the debtor's interest	UTILITY - CONTRACT SERVICES - IT	WELLSKY 11300 SWITZER RD OVERLAND PARK, KS 66210
	State the term remaining List the contract number of any government contract		

Debtor Name **Remarkable Healthcare of Carrollton, LP**  
**United States Bankruptcy Court for the Eastern District of Texas**  
 Case number (if known): **24-40605**

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
☒ Yes.

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor**

**Column 2: Creditor**

Name	Mailing Address	Name	Check all schedules that apply
2.1 JON MCPIKE	904 EMERALD BLVD SOUTHLAKE, TX 76092	Alleon Capital Partners	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 LAURIE BETH MCPIKE	904 EMERALD BLVD SOUTHLAKE, TX 76092	Alleon Capital Partners	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 REMARKABLE HEALTHCARE, LLC	610 TOWNSON AVE FT SMITH, AR 72902	Mustang NH, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Debtor Name Remarkable Healthcare of Carrollton, LP  
United States Bankruptcy Court for the Eastern District of Texas  
Case Number: 24-40605

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets- Real and Personal Property* (Official Form 206 A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206 D)
- ☒ *Schedule E/F: Creditors Who Have Claims Unsecured Claims* (Official Form 206 E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206 G)
- ☒ *Schedule H: Codebtors* (Official Form 206 H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ *Other document that requires a declaration*

I, the Chief Executive Officer of the Remarkable Healthcare of Carrollton, LP, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 42 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Executed on: 4/16/2024  
MM / DD / YYYY

Signature /s/ Laurie Beth McPike  
Laurie Beth McPike  
Printed Name  
Chief Executive Officer  
Title